

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032538

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED AUG 20 1963

3026

390

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Independence</u>		c. CITY OR TOWN <u>Independence, Mo.</u>	
Length of stay in 1b <u>3 weeks</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Indep. Cent. + Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>208 S. Willis</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>HELEN</u> Middle <u>GRACE</u> Last <u>HEFFLON</u>		4. DATE OF DEATH Month <u>August</u> Day <u>17</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-7-1905</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) <u>Sec. Telephone</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sec.</u>	
11. BIRTHPLACE (City and state or country) <u>Independence, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Fred L. Hefflon</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kelly</u>	
14. NAME OF HUSBAND OR WIFE <u>Mr. Elizabeth Hefflon</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	
16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT <u>Mrs. Elizabeth Hefflon 208 S. Willis Indep. Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Communicated Transstrochanteric Fracture of the Left Femur</u> DUE TO (b) <u>Possible Septicemia</u> DUE TO (c) <u>Extreme Nervousness</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>7/23 to 8/17</u> <u>4 days</u> <u>all life</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Fall</u>	
20c. TIME OF INJURY Hour <u>about 9</u> a.m. Month, Day, Year <u>7-23-63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In front of home</u>		20f. CITY, TOWN, OR LOCATION <u>Independence</u>	
20g. COUNTY <u>Jackson</u>		20h. STATE <u>Mo</u>	
21. I attended the deceased from <u>7-25-63</u> to <u>8-17-63</u> and last saw her alive on <u>10:00 on 8/17/63</u> Death occurred at <u>12:45</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ethel Watson M.D.</u>		22b. ADDRESS <u>129 S. Lexington</u>	
22c. DATE SIGNED <u>8-18-63</u>		22d. LOCATION (City, town, or county) (State) <u>Independence, Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-19-1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Maumel Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Independence, Missouri</u>	
24. FUNERAL DIRECTOR <u>Roland P. Speck</u>		25. DATE RECD. BY LOCAL REG. <u>8-18-63</u>	
26. REGISTRAR'S SIGNATURE <u>Alba L. Craig</u>			

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

AUG 30 1963

SEP 18 1963

FEB 13 1964

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *John H. Lendley*

Licensed Embalmer No. 5198

P. O. Address *Indep. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

8-18-63